



Georgia State Board of Funeral Service
237 Coliseum Drive
Macon, Georgia 31217
404-424-9966
www.sos.ga.gov/plb/funeral

Change of Ownership Form Funeral Establishment/Crematory

Whenever there is a change in ownership of a funeral establishment or crematory, the board must be notified within 15 days prior to the proposed change. If you are also requesting a business name or location change you are required to submit an establishment application instead, which can be found on the Board's website at www.sos.ga.gov/plb/funeral. Please complete the following form, having both the seller and purchaser signatures notarized, and submit to the address above or by email to Trades3@sos.ga.gov.

Name of business as listed on license: _____

License number and type: _____

Seller:

| Name | Email Address | Telephone |
|----------------|---------------|-----------|
| _____ | _____ | _____ |
| Street Address | City | State |
| _____ | _____ | _____ |
| | | Zip Code |
| _____ | _____ | _____ |

Seller Signature

Date

Purchaser Signature

Date

State of Georgia, County of _____
Subscribed to and sworn to before me this
_____ day of _____, 20____

Notary Public
My Commission expires: _____

State of Georgia, County of _____
Subscribed to and sworn to before me this
_____ day of _____, 20____

Notary Public
My Commission expires: _____

Ownership/Relationship Information

PURCHASER MUST COMPLETE THIS PAGE

Complete this section if the business is a SOLE PROPRIETORSHIP

Owner Name: _____ Telephone: _____

Residence: _____

Street (PO Box not allowed), City, State, Zip

Complete this section if the business is a CORPORATION or a LIMITED LIABILITY COMPANY (LLC)

Date registered with GEORGIA SECRETARY OF STATE: _____

Legal Business Name: _____

PRINCIPAL OFFICERS (attach additional pages if necessary):

| _____ Name | _____ Title | _____ Telephone |
|---------------|----------------|--------------------|
|---------------|----------------|--------------------|

Residence: Street (PO Box not acceptable), City, State, Zip

| _____ Name | _____ Title | _____ Telephone |
|---------------|----------------|--------------------|
|---------------|----------------|--------------------|

Residence: Street (PO Box not acceptable), City, State, Zip

Complete this section if the BUSINESS IS A PARTNERHIP

| _____ Name | _____ Title | _____ Telephone |
|---------------|----------------|--------------------|
|---------------|----------------|--------------------|

Residence: Street (PO Box not acceptable), City, State, Zip

| _____ Name | _____ Title | _____ Telephone |
|---------------|----------------|--------------------|
|---------------|----------------|--------------------|

Residence: Street (PO Box not acceptable), City, State, Zip